

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 3  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |  |   |  |  |
|---|--------------------|--|---|--|--|
| Full Name of Payee<br><b>Autumn Press</b>               |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>05 / 11 / 2016</b>  |  |  |
| Mailing Address <b>945 Camelia St</b>                   |                    |  | Amount<br><b>5556.90</b>  |  |  |
| City<br><b>Berkeley</b>                                 | State<br><b>CA</b> | Zip Code<br><b>94710-1437</b>  | Transaction ID : <b>D734821</b>   |  |  |
| Purpose of Expenditure<br>Printing                      |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>05 / 10 / 2016</b>   |  |  |
| Name of Federal Candidate<br><b>Bernie Sanders</b>      |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>9293.95</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |  |  |

|   |                    |  |   |  |  |
|---|--------------------|--|---|--|--|
| Full Name of Payee<br><b>Javier Moreno Pollaroio</b>    |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 31 / 2016</b>  |  |  |
| Mailing Address <b>1521 3rd Ave</b>                     |                    |  | Amount<br><b>20.00</b>  |  |  |
| City<br><b>Oakland</b>                                  | State<br><b>CA</b> | Zip Code<br><b>94606</b>   | Transaction ID : <b>D734823</b>   |  |  |
| Purpose of Expenditure<br>Translation Services          |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>05 / 10 / 2016</b>   |  |  |
| Name of Federal Candidate<br><b>Bernie Sanders</b>      |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>9293.95</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |  |  |

|  |                |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>5576.90</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                |
| (c) TOTAL Independent Expenditures.....▶                   |                |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 11 / 2016**

Signature